

## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**AGENCY:** Office of the Secretary, Office of Public Health and Science, Office of Minority Health.

**FUNDING OPPORTUNITY TITLE:** State Partnership Grant Program to Improve Minority Health

**ACTION:** Notice

**ANNOUNCEMENT TYPE:** Competitive Initial Announcement of Availability of Funds

**CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:** 93.296.

**DATES:** To receive consideration, applications must be received by the Office of Grants Management, Office of Public Health and Science (OPHS), Department of Health and Human Services (DHHS) c/o Grant Application Center, 1515 Wilson Blvd., Suite 100, Arlington, VA 22209, no later than 5:00 p.m. Eastern Time on **August 13, 2010**. Applications that are electronically submitted through [www.GrantSolutions.gov](http://www.GrantSolutions.gov) or [www.Grants.Gov](http://www.Grants.Gov) will be accepted until 8:00 P.M. Eastern Time on this date. Applications will not be accepted by fax, nor will the submission deadline be extended. Applications which do not meet the deadline will be returned to the applicant unread. See heading "APPLICATION and SUBMISSION

INFORMATION” for information on application submission mechanisms.

**SUMMARY:** This announcement is made by the United States Department of Health and Human Services (HHS or Department), Office of Minority Health (OMH) located within the Office of the Secretary, and working in a “One-Department” approach collaboratively with participating HHS agencies and programs (entities). As part of a continuing HHS effort to improve the health and well being of racial and ethnic minorities, the Department announces availability of the State Partnership Grant Program to Improve Minority Health. OMH is authorized to conduct this program under 42 U.S.C. § 300 u-6, section 1707 of the Public Health Service Act, as amended. The mission of the OMH is to improve the health of racial and ethnic minority populations through the development of policies and programs that address disparities and gaps. OMH serves as the focal point in the HHS for leadership, policy development and coordination, service demonstrations, information exchange, coalition and partnership building, and related efforts to address the health needs of racial and ethnic minorities. OMH activities support Healthy People, a comprehensive set of disease prevention and health promotion objectives for the Nation to achieve over the first decade of the 21<sup>st</sup> century ([www.healthypeople.gov](http://www.healthypeople.gov)). A particular focus is the Healthy People goal is to eliminate health disparities among different segments of the population. This funding announcement is also made in support of the OMH National Partnership for Action to End Health Disparities initiative. The mission of the National Partnership for Action is to work with individuals and organizations

across the country to create a Nation free of health disparities with quality health outcomes for all by achieving the following five objectives: increase awareness of health disparities; strengthen leadership at all levels for addressing health disparities; improve health and healthcare outcomes; improve cultural and linguistic competency in delivering health services; and coordinate and utilize research and outcome evaluations more effectively.

As part of a continuing HHS effort to improve the health and well being of racial and ethnic minorities, the Department announces availability of FY 2010 funding for the State Partnership Grant Program to Improve Minority Health, (hereafter referred to as the State Partnership Program). The State Partnership Grant seeks to address significant health disparities impacting minorities through the utilization of partnerships between the Office of Minority Health and state and territorial health departments. It is the expectation that this partnership will be the catalyst for partnerships with other cooperating state agencies, local governmental jurisdictions, local and regional community-based organizations, associations, networks, alliances, and coalitions to leverage resources to achieve results regarding health disparities.

## **I. Funding Opportunity Description**

**AUTHORIZING LEGISLATION:** This program is authorized under 42U.S.C. 300u-6, section 1707 of the Public Health Service Act, as amended.

**BACKGROUND:** Despite significant improvements in the overall health status of the nation over the past decades, disparities in health status continue to persist among racial and ethnic minority populations. The persistence of such disparities seem to indicate the need for a new look at strategies and approaches that reduce the risk of chronic diseases

through preventative actions. Eliminating health care disparities is an HHS priority, and the second goal of *Healthy People 2010*, a systematic approach to health improvement on a national level.

The risk of many chronic and debilitating diseases and health conditions can be reduced through preventative actions through individual responsibility, engagement of communities, stakeholders, and public policy. A culture of wellness diminishes debilitating and costly health problems. Individual health care is built on a foundation of responsibility for personal wellness, which includes participating in regular physical activity, eating a healthful diet, taking advantage of medical screenings, and making healthy choices to avoid risky behaviors. As cited in the *National Healthcare Disparities Report*, disparities related to race, ethnicity, and socioeconomic status still pervade the American health care system.<sup>1</sup> The report also indicates that prevention and elimination of health care disparities for the Nation will result from coordinated actions at Federal, State, and local levels intended to extend the benefits of regional and community successes nationwide.

The challenge to improve minority health and eliminate health disparities relies on the commitment of state health departments from the top down to continuously improve health status and find innovative ways to tackle simple and complicated problems with limited resources. It is noted that several states recognized the need for a focal point within the

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<sup>1</sup> *National Healthcare Disparities Report*, U.S. Department of Health and Human Services, Agency for Health Care Research and Quality (AHRQ), Rockville, MD, December 2006.

state health department to address minority health concerns prior to the funding of State Partnership grants in 2005 by the Office of Minority Health. Funding by the Office of Minority Health provided a means to continue the states' efforts to ascertain the effectiveness of interventions, including systems change, to address the priority health areas affecting racial and ethnic minorities led by the 32 state offices of minority health funded in 2005, and a means to dedicate personnel and other resources to the states' health disparities issues. An additional seven state offices of minority health were funded in 2007. The complexity of the state-wide problem of health disparities among racial and ethnic minorities, actions to communicate health issues and health emergencies to at-risk communities and vulnerable populations, and engaging in workforce diversity challenges, require the coordination of multiple layers of partnerships to achieve improvements and systems changes. State offices of minority health (SOMHs), through the State Partnership Program, are dedicated to the use of partnerships to effectively and efficiently utilize scarce resources and create systems change through the inclusion of all stakeholders.

Indications are that the nation will be more racially and ethnically diverse, as well as much older, by 2050, according to the U.S. Census Bureau projections.<sup>2</sup> In anticipation of such demographic shifts in populations, the SOMHs have been positioning themselves to be a link with minority communities, develop partnerships in communities, and be the liaison agency within the state health department. By bringing together state health agencies, human services and the community to work in concert on health disparities, health equity,

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<sup>2</sup>U.S. Bureau of the Census. 14 August 2008. *2008 National Population Projections*. U.S. Bureau of the Census. [Http://www.census.gov/population/www.projections/2008projections.html](http://www.census.gov/population/www.projections/2008projections.html).

access to health care, linguistic and cultural competency, and minority health issues, the SOMHs are beginning to show the value of leveraging partnerships to achieve the goal of reducing health disparities. Because the SOMHs have forged partnerships within minority communities, they are in a position to offer support to state agencies, such as advice to health and human service agencies or engage in direct communications with minority communities on the H1N1 outbreak, for example. It is anticipated that the SOMH will play a significant role, as well, in the new Patient Protection and Affordable Care Act signed in March 2010, as states roll out health insurance coverage provisions and as other access to health care issues are addressed.

The Office of Minority Health offers this grant program to support the infrastructure for SOMHs, thereby, providing a foundation for improving health outcomes and achieving health equity. In addition to focusing on minority health status, SOMHs may address corresponding social determinants of health which are linked to public policy regarding income, employment and social status, education and literacy, housing conditions, food safety, social support networks, physical environment, etc. Working in collaborative partnerships with public and private agencies and communities, offices of minority health have brought partners together to highlight these interconnected issues and pursue practical solutions to address health disparity problems. In the public health sector, there is some evidence that workforce diversity leads to greater access to care, especially for underserved groups, as well as, improve patient-health professional interactions which lead to better

health outcomes<sup>3</sup>. It is anticipated that state offices of minority health will continue to find innovative ways to encourage workforce diversity and demonstrate the effectiveness of cultural competency training of health care practitioners who interact with minority populations, and thereby improve health outcomes and health equity. Services provided under the State Partnership Program will not be denied to any person based on race, color, or national origin.

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<sup>3</sup>*The Rationale for Diversity in the Health Professions; A Review of the Evidence*. U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Rockville, MD. October 2006.  
[Http://bhpr.hrsa.gov/healthworkforce/reports/diversity/default.htm](http://bhpr.hrsa.gov/healthworkforce/reports/diversity/default.htm)

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## **I. Funding Opportunity Description**

This program is authorized under 42U.S.C. 300u-6, section 1707 of the Public Health Service Act, as amended.

### **1. Purpose**

The State Partnership Grant Program to Improve Minority Health, intends to demonstrate the effectiveness and efficiency of strategic partnerships, in improving the health status of minority populations and eliminating health disparities by addressing data needs regarding health disparities; developing partnerships, developing systems to improve access to health care; implementing targeted health issue interventions that promote science-based health promotion and disease prevention research, or advance strategic plans and policies, or support state-level health practices; and/or implementing strategies and interventions that focus on workforce diversity policies to expand recruitment of racial and ethnic minorities who enroll in health professions training during the period of the grant.

### **2. OMH Expectations**

It is expected that the State Partnership Program will result in:

- Improved state and territory-wide planning, coordination, collaboration, and linkages among public and private entities that specifically address minority health and health disparities;
- Improved coordination and collaboration among state and territorial public health offices that benefit minority health and contribute to eliminating health disparities;

- Dedicated state and territorial leadership and staffing to: support strategic planning and coordination; improve cultural competency; promote and implement evidence-based approaches and programs to address priority minority health problem(s); monitor and evaluate state and territorial efforts; and disseminate information focused on improving minority health and eliminating health disparities;
- Increased state and territory-wide efforts to improve minority health and eliminate health disparities through the support of community programs that promote science-based health promotion and disease prevention research or support state-level health interventions;
- Establishment and enhancement of multicultural partnerships to build efforts within communities to collaboratively address health issues impacting minority communities; and
- Improved diversity in the healthcare workforce through policies focused on the recruitment of persons capable of entering a health professions career during the period of the grant.

### 3. Applicant Project Results

Applicants must identify anticipated project results that are consistent with the overall Program purpose and OMH expectations. Project results should fall within the following general categories:

- Mobilizing Communities and Partnerships
- Increasing Knowledge and Awareness
- Increasing Cultural Competency

- Increasing Access to Health Care Services
- Strategic Planning and Policy Research
- Systems Change
- Improving Data and Evaluation on Health Disparities and Quality Health Outcomes

#### 4. Project Requirements

Applicant organizations must propose to implement a project that:

- (1) Focuses on improving state and/or territory-wide planning, coordination, collaboration, and linkages among public and private entities that specifically address minority health and health disparities; and
- (2) Addresses at least one of the identified OMH expectations above (see Section 2 above).
- (3) Addresses at least one, but no more than three of the following 10 health issues below:
  - Access to Health
  - Asthma
  - Cancer
  - Cardiovascular Disease and Stroke (prevention education, behavior modification and disease management)
  - Child and/or Adult Immunizations
  - Diabetes (prevention education, behavior modification and disease management)
  - HIV/AIDS (testing and counseling, prevention education, and referral to

treatment)

- Infant Mortality and Low Birth Weight
- Mental Health (screening, referral, and coordination of services)
- Obesity and Overweight

## **II. Award Information:**

Estimated Funds Available for Competition: \$6.45M in FY 2010

Range of Award: \$125,000 to \$140,000

Anticipated Start Date: September 1, 2010

Period of Performance: 3 Years

Budget Period Length: 12 months

Type of Award: Grant

Type of Application Accepted: New

**The award mechanism for the State Partnership Program will be a grant program which will include federal involvement. Under the State Partnership Program OMH will:**

1. Collaborate with funded State Offices of Minority Health, to provide financial assistance and programmatic guidance,
2. Meet with funded State Office of Minority Health representatives to discuss and approve work plans including objectives; data collection, integrity, and confidentiality; evaluation plans; and budget allocation,
3. Provide technical assistance relative to implementation, monitor progress of project activities, and evaluate progress and reports; and
4. Review and approve the implementation and dissemination of relevant project

findings, final reports and project products prior to dissemination to public and private parties.

Under this grant program the successful applicants establish and/or enhance partnerships that facilitate the SOMH's ability to:

1. Identify gaps in available minority data, health services and resources through a collaborative partnership approach;
2. Develop, implement and evaluate evidence-based interventions that will improve health outcomes within targeted minority communities that are consistent with the state health plan, action agenda, or state policies;
3. Serve as a hub of state activity, services and information on health disparities and minority health issues and their impact on racial and ethnic communities within the State;
4. Develop and disseminate culturally appropriate educational materials for state agencies, healthcare providers, trainees, and consumers;
5. Develop and/or cultivate a diverse cadre of community organizations, researchers, investigators, and/or healthcare professionals across the state to provide advice or input on relevant health disparities and minority health issues.
6. Address workforce diversity issues that, especially, focus on activities that target persons who are in a position to enter the health professions workforce or enter health professions training during the period of the grant, or workforce policies (that promote diversity, certification policies or training curriculum, and guidance materials for the workforce that improve cultural competency).

### III. Eligibility Information

#### 1. Eligible Applicants

To qualify for funding, applicant organizations must be an established state or territorial office of minority health at the time of application submission for this announcement.

States that do not have a **formally** recognized office of minority health (**established through legislation, executive order, or a directive process**) may not apply for these OMH State Partnership Program grants. States that have formal offices of minority health are more likely to have the linkages and infrastructure necessary to foster effective relationships with public/private entities and/or community-based minority-serving organizations necessary to address the health needs of racial and ethnic minorities, as required for this program.

Documentation that verifies official status as **an established state or territorial office of minority health** must be submitted with the application. Examples of such documentation include: a signed statement from a state/territorial level authorizing official (e.g., Governor or designated official, Commissioner of Health, or designee) verifying official status, including a copy of the Executive Order or statute that established the state or territorial office of minority health, where applicable.

A signed letter of support and commitment for the proposed project from an authorizing state or territorial official (e.g., Commissioner of Health, state health director, or designee) is also required as part of the application.

The established state or territorial office of minority health will:

- Serve as the lead office for the project.
- Be responsible for grant implementation, management, and evaluation.

## 2. Cost Sharing or Matching Requirements

Cost Sharing and Matching are not a requirement of this grant program.

## 3. Other

If funding is requested in an amount greater than the ceiling of the award range, the application will be considered non-responsive and will not be entered into the review process. The application will be returned with notification that it did not meet the submission requirements.

Applications for the State Partnership Grant Program that are not complete or that do not conform to or address the criteria of this announcement will be considered non-responsive and will not be entered into the review process. Applications that exceed the page limitation or are ineligible will be considered non-responsive and will not be entered into the review process. The application will be returned with notification that it did not meet the submission requirements.

An organization may submit no more than one application to the State Partnership Grant Program. If more than one application is submitted it will be returned with notification that it did not meet the submission requirements.

## **IV. Application and Submission Information**

1. Address to Request Application Package

Application kits for the State Partnership Grant Program to Improve Minority Health may be obtained by accessing Grants.gov at <http://www.grants.gov> or the GrantSolutions system at <http://www.grantsolutions.gov>. To obtain a hard copy of the application kit for this grant program, contact the Grant Application Center, Office of Grants Management Operations, telephone 1-888-203-6161. Applications must be prepared using the appropriate forms which can be obtained at the web sites noted above.

2. Content and Form of Application Submission

A. Application and Submission

Forms to be completed include the Face Page/Cover Page (SF424), and Budget Information Forms for Non-Construction Programs (SF424A). In addition to the application forms, applicants must provide a project narrative. The project narrative (including summary and appendices) cannot exceed 80 pages. **Currently funded OMH grantees must include a Progress Report (maximum of 15 pages) in the appendix.**

The narrative must be printed on one side of 8½ by 11 inch white paper, with one-inch margins, double-spaced and 12-point font. All pages must be numbered sequentially including any appendices. (Do not use decimals or letters, such as: 1.3 or 2A). Do not staple or bind the application package. Use rubber bands or binder clips.



The narrative description of the project must contain the following, in the order presented:

- **Table of Contents.**
- **Project Summary:** Describe key aspects of the Background and Experience, Objectives, Program Plan, and Evaluation Plan. The summary is limited to 3 pages.
- **Background and Experience:** Identify and define the problem and factors contributing or causing the problem that will be addressed by the proposed project and activities. Describe and document (with data) demographic information on the minority health and health disparities issues in the state/territory, and the significance or prevalence of the health problem or issues affecting the target minority group(s). Describe the minority group(s), where applicable, targeted by the project (e.g., race/ethnicity, age gender, educational level/income). Provide rationale for the approach. Describe the applicant organization (state/territorial office of minority health), where it is located organizationally, when it was formally established, and past/current efforts that are being undertaken by the organization to address minority health and health disparities. Discuss the applicant organization's experience in managing projects/activities, especially those targeting the population to be served. Provide outcomes of currently funded OMH projects, if applicable. Describe the background/experience of any proposed linkage organization and how the organization will interface with the state/territorial office of minority health.

- **Objectives:** State objectives in measurable terms, including baseline data, improvement targets, and time frames for achievement for the three-year project period. Identify outcomes/ impacts, and performance measures for the proposed activities. And, tie the outcomes/impacts to long-term objectives and goals such as enhancing the infrastructure or increasing access to health care.
- **Program Plan:** Clearly describe how the project will be carried out. Describe specific strategies (including mobilizing communities and stakeholders), practices and interventions planned to achieve each objective. Specify “best” or “evidence-based” strategies and practices being used in proposed project activities in relation to the problem and factor(s) to be addressed. For each activity, describe how, when, where, by whom, and for whom the activity will be conducted. Describe the role of any proposed linkage organization(s) in the project. Provide a description of proposed program staff, including resumes and job descriptions for key staff, qualifications and responsibilities of each staff member, and percent of time each will commit to the project. Provide a description of duties for any proposed consultants and/or collaborating public health entities. Describe any products to be developed by the project. Provide a time line for each of the three years of the project period, as well as an organizational chart detailing where the applicant office is located, and a project chart indicating reporting channels (i.e., chain of command). Describe how senior state health officials will be engaged in this program and/or periodically informed on the activities and outcomes of the program.

- **Evaluation Plan:** The evaluation plan must clearly articulate how the applicant will evaluate program activities. The applicant is expected to implement the evaluation plan at the beginning of the project in order to capture and document actions contributing to relevant project impact and outcomes. The evaluation plan must include a completed logic model diagram and describe, for all funded activities:
  - specific problem(s) and factors causing or contributing to the problem(s) that will be addressed;
  - intended results (i.e., impacts and outcomes);
  - how impacts and outcomes will be measured (i.e., what indicators or measures will be used to monitor and measure progress toward achieving project results);
  - methods for collecting and analyzing data on measures;
  - evaluation methods that will be used to assess impacts and outcomes;
  - evaluation expertise that will be available for this purpose;
  - how results are expected to contribute to the objectives of the Program as a whole, and relevant *Healthy People 2010* goals and objectives; and
  - the potential for replicating the evaluation methods for similar efforts by other state offices of minority health.

Evaluation plans should be guided by the impacts and outcomes outlined in the *Strategic Framework for OMH: Improving Racial and Ethnic Minority Health and Eliminating Racial and Ethnic Health Disparities* (OMH Strategic Framework) and logic model. It is required that applicants refer to “Evaluation Planning Guidelines for Grant Applicants (June 2007)” when

developing the evaluation plan for the proposal. This document is provided as part of the application kit. A sample logic model template and worksheet, and an example of a completed logic model, can be found in appendices 6, 7 and 8 of this document.

- **Appendices:** Include required eligibility documentation (i.e., showing the Office of Minority Health's establishment through legislation, executive order, or a directive process), a letter of support from the Commissioner or other designated official, and other relevant or supporting information in this section. **Currently funded State Partnership Program grantees must provide a Progress Report that covers the period September 1, 2009 to March 31, 2010.**

In addition to the project narrative, the application must contain a detailed budget justification which includes a narrative explanation and indicates the computation of expenditures for each year for which grant support is requested. The budget request must include funds for key project staff to attend an annual OMH grantee meeting.

B. Data Universal Numbering System number (DUNS)

Applications must have a Dun & Bradstreet (D&B) Data Universal Numbering System number as the universal identifier when applying for Federal grants. The D&B number can be obtained by calling (866) 705-5711 or through the web site at <http://www.dnb.com/us/>.

### 3. Submission Dates and Times

To receive consideration, applications must be received by the Office of Public Health and Science (OPHS), Office of Grants Management no later than **August 13, 2010**.

Applications will be considered as meeting the deadline if they are received by the OPHS Office of Grants Management, c/o Grant Application Center, 1515 Wilson Blvd., Suite 100, Arlington, VA 22209 no later than 5 P.M. Eastern Time on the application due date. Applications that are electronically submitted through GrantSolutions.gov or Grants.Gov will be accepted until 8:00 P.M. Eastern Time on this date. Applications will not be accepted by fax, nor will the submission deadline be extended. Applications which do not meet the deadline will be returned to the applicant unread.

#### Submission Mechanisms

HHS/OPHS provides multiple mechanisms for the submission of applications, as described in the following Sections. Applicants will receive notification via mail from the HHS/OPHS Office of Grants Management to confirm the receipt of applications submitted by using any of these mechanisms. HHS will not accept for review applications submitted to the HHS/OPHS Office of Grants Management after the deadlines described below. HHS will not accept for review applications that do not conform to the requirements of this grant announcement, and will return hard-copy applications to the applicant.

While HHS will accept applications in hard copy, the Directorate encourages the use of the electronic application-submission capabilities provided by the Grants.gov and GrantSolutions.gov systems. Applications may only be submitted electronically via the

electronic submission mechanisms specified below. HHS will not accept for review any applications submitted via any other means of electronic communication, including facsimile or electronic mail.

All HHS funding opportunities and application kits are available on Grants.gov. If your organization has/had a grantee business relationship with a grant program serviced by the HHS/OPHS Office of Grants Management, and you are applying as part of ongoing, grantee-related activities, please use GrantSolutions.gov.

Applicants must submit electronic grant applications no later than 8:00 pm, Eastern Time, on the deadline date specified in the “Dates” Section of this announcement, by using one of the electronic-submission mechanisms specified below. For applications submitted electronically, HHS/OPHS Office of Grants Management must receive all required, hard-copy, original signatures and mail-in items c/o the Grant Application Center, 1515 Wilson Blvd., Suite 100, Arlington, VA 22209, no later than 5:00 p.m., Eastern Time, on the next business day after the deadline date specified in the “Dates” Section of this announcement. HHS/OPHS must receive hard-copy applications no later than 5:00 p.m., Eastern Time, on the deadline date specified in the “Dates” Section of this announcement.

HHS will not consider applications as valid until the HHS/OPHS Office of Grants Management has received all components of the electronic application; hard-copy with original signatures, and mail-in items, according to the deadlines specified above. HHS will consider as late any application submissions that do not adhere to the due-date

requirements, and will deem them ineligible. Applicants should register and initiate electronic applications as early as possible, and should submit early on the due date or before. This will aid in addressing any problems with submissions prior to the application deadline.

#### Electronic Submissions via the Grants.gov Website Portal

The Grants.gov Website Portal provides organizations with the ability to submit applications for HHS grant opportunities. Organizations must successfully complete the necessary registration processes to submit an application. Information about this system is available on the Grants.gov website, <http://www.grants.gov>.

In addition to electronically submitted materials, applicants may have to submit hard-copy signatures for certain program-related forms, or original materials, as required by this announcement. Applicants must review both the grant announcement, as well as the application guidance provided within the Grants.gov application package, to determine such requirements. Applicants must submit separately any required, hard-copy materials, or documents that require a signature, via mail to the HHS/OPHS Office of Grants Management, at the address and time specified above; if required, these materials must contain the original signature of an individual authorized to act for the applicant and assume the obligations imposed by the terms and conditions of the grant award. When submitting the required forms, do not send the entire application. HHS will not consider for review complete, hard-copy applications submitted after the electronic submission.

Electronic applications submitted via the Grants.gov Website Portal must contain all completed online forms required by the application kit, the Program Narrative, Budget Narrative, and any appendices or exhibits. Any files uploaded or attached to the Grants.gov application must be of the following file formats – Microsoft Word, Excel or PowerPoint, Corel WordPerfect, ASCII Text, Adobe PDF, or image formats (JPG, GIF, TIFF, or BMP only). Even though Grants.gov allows applicants to attach any file format as part of their application, HHS/OPHS restricts this practice, and only accepts the file formats identified above. HHS/OPHS will not accept for processing any file submitted as part of the Grants.gov application that is not in a file format identified above and will exclude it from the application during the review process. The application must be submitted in a file format that can easily be copied and read by reviewers. It is recommended that scanned copies be submitted through Grants.gov or Grantsolutions unless the applicant confirms the clarity of the documents. Pages cannot be reduced resulting in multiple pages on a single sheet to avoid exceeding the page limitation. All documents that do not conform to the above will be excluded from the application during the review process.

HHS/OPHS must receive all required, mail-in items by the due date specified above.

**Mail-in items only include publications, resumes, or organizational documentation.**

When submitting the required forms, do not send the entire application. HHS will not accept for review complete, hard-copy applications submitted after the electronic submission.



Upon completion of a successful electronic application submission via the Grants.gov Website Portal, applicants will receive a confirmation page from Grants.gov that indicates the date and time (Eastern Time) of the submission, as well as a Grants.gov Receipt Number. Applicants must print and retain this confirmation for their records, as well as a copy of the entire application package.

Grants.gov will validate all applications submitted via the Grants.gov Website Portal. Any applications deemed “invalid” by the Grants.gov Website Portal will not transfer to the Grant Solutions system, and HHS/OPHS has no responsibility for any application not validated and transferred to HHS/OPHS from the Grants.gov Website Portal.

Grants.gov will notify applicants regarding the validation status of applications. Once the Grants.gov Website Portal has successfully validated an application, applicants should immediately mail all required, hard-copy materials to the HHS/OPHS Office of Grants Management, c/o Grant Application Center, 1515 Wilson Blvd., Suite 100, Arlington, VA 22209, by the deadlines specified above. Applicants must clearly identify their organization’s name and Grants.gov Application Receipt Number on all hard-copy materials.

Once Grants.gov has validated an application, it will electronically transfer to the Grant Solutions system for processing. Upon receipt of both the electronic application from the Grants.gov Website Portal, and the required, hard-copy mail-in items, applicants will receive notification via mail from the HHS/OPHS Office of Grants Management to confirm the receipt of the application submitted through the Grants.gov Website Portal. Applicants should contact Grants.gov regarding any questions or concerns regarding the

electronic-application process conducted through the Grants.gov Website Portal.

#### Electronic Submissions via the Grant Solutions System

HHS/OPHS is a managing partner of the GrantSolutions.gov system. Grant Solutions is a full life-cycle grants-management system operated by the HHS Administration for Children and Families, designated by OMB as one of the three, Government-wide grants management systems under the Grants-Management Line-of-Business Initiative (GMLoB). HHS/OPHS uses Grant Solutions for the electronic processing of all grant applications, as well as the electronic management of its entire grant portfolio.

When submitting applications via the Grant Solutions system, applicants must still submit a hard copy of the face page of the application (Standard Form 424), with the original signature of an individual authorized to act for the applicant and assume the obligations imposed by the terms and conditions of the grant award. If required, applicants will also need to submit a hard copy of the Standard Form LLL and/or certain Program related forms (e.g., Program Certifications) with the original signature of an individual authorized to act for the applicant. When submitting the required hard-copy forms, do not send the entire application. HHS will not consider for review complete, hard-copy applications submitted after the electronic submission. Applicants should submit hard-copy materials to the HHS/OPHS Office of Grants Management at the address specified above.

Electronic applications submitted via the Grant Solutions system must contain all completed, on-line forms required by the application kit, the Program Narrative, Budget

Narrative, and any appendices or exhibits. Applicants may identify specific, mail-in items to send to the HHS/OPHS Office of Grants Management (see mailing address above) separate from the electronic submission; however, applicants must enter these mail-in items on the Grant Solutions Application Checklist at the time of electronic submission, which HHS/OPHS must receive by the due date specified above. **Mail-in items only include publications, resumes, or organizational documentation.**

Upon completion of a successful, electronic submission, the Grant Solutions system will provide applicants with a confirmation page to indicate the date and time (Eastern Time) of the submission. This confirmation page will also provide a listing of all items that constitute the final application submission, including all components of the electronic application, required, hard-copy original signatures; and mail-in items.

As the HHS/OPHS Office of Grants Management receives items, it will update the electronic application status to reflect the receipt of mail-in items. HHS recommends that applicants monitor the status of their applications in the Grant Solutions system to ensure the receipt of all signatures and mail-in items.

#### Mailed or Hand-Delivered, Hard-Copy Applications

Applicants who submit applications in hard copy (via mail or hand-delivered) must submit an original, and two copies of the application. An individual authorized to act for the applicant, and to assume for the organization the obligations imposed by the terms and conditions of the grant award, must sign the original application.

HHS will consider mailed or hand-delivered applications having met the deadline if the HHS/OPHS Office of Grants Management receives them c/o Grant Application Center, 1515 Wilson Blvd., Suite 100, Arlington, VA 22209, on or before 5:00 p.m., Eastern Time, on the deadline date specified in the “Dates” Section of this announcement. The application deadline specified in this announcement supersedes the instructions in the OPHS-1. HHS/OPHS will return, unread to the applicant any application that does not meet the deadline.

4. Intergovernmental Review

The State Partnership Program is subject to the requirements of Executive Order 12372 which allows States the option of setting up a system for reviewing applications from within their States for assistance under certain Federal programs. The application kits available under this notice will contain a list of States which have chosen to set up a review system and will include a State Single Point of Contact (SPOC) in the State for review. The SPOC list is also available on the Internet at the following address: <http://www.whitehouse.gov/omb/grants/spoc.html>. Applicants (other than federally recognized Indian tribes) should contact their SPOC as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. The due date for the State process recommendation is 60 days after the application deadline established by the OPHS Grants Management Officer. The Office of Minority Health does not guarantee that it will accommodate or explain its responses to the State process recommendation, if received after that date. (See Intergovernmental Review of Federal Programs, Executive Order 12372, and 45 CFR Part 100 for a description of the review process and requirements).

## 5. Funding Restrictions

If funding is requested in an amount greater than the ceiling of the award range, the application will be considered non-responsive and will not be entered into the review process. The application will be returned with notification that it did not meet the submission requirements.

Grants funds may be used to cover costs of:

- Personnel.
- Consultants.
- Equipment.
- Supplies (including screening and outreach supplies).
- Grant-related travel (domestic only) including mandatory attendance at an annual OMH grantee meeting.
- Other grant-related costs.

Grants funds may not be used for:

- Building alterations or renovations.
- Construction.
- Fund raising.
- Job training.
- Medical care, treatment or therapy.
- Political education and lobbying.
- Research studies involving human subjects (e.g., clinical trials).
- Vocational rehabilitation.

- Vehicle purchases

## **V. Application Review Information**

### **1. Criteria**

The technical review of the State Partnership Program applications will consider the following four generic factors listed, in descending order of weight.

#### **A. Factor 1: Program Plan (40%)**

- Appropriateness and merit of proposed approach and specific activities for each of the required project components and each objective.
- Logic and sequencing of the planned approaches as they relate to the statement of needs, objectives and program evaluation.
- Soundness of any proposed partnerships (e.g. coalition), as applicable.
- Applicants's capability to manage and evaluate the project as determined by
  - Qualifications and appropriateness of proposed staff or requirements for staff to be hired and consultants.
  - Proposed staff level of effort.
  - Experience of partnering organizations relative to the provision of services to targeted populations within their respective communities.
  - Proposed level of effort for each staff member.
  - Appropriateness of defined roles including staff reporting channels and that of any proposed consultants.

- Clear lines of authority among the proposed staff within and between the partnering organizations.
- Inclusion and/or plan for communicating program activities and outcomes with senior state health officials.

B. Factor 2: Evaluation Plan (25%)

- The degree to which expected results are appropriate for objectives and activities.
- Appropriateness of the proposed data collection plan (including demographic data to be collected on project participants), analysis and reporting procedures.
- Suitability of process, outcome, and impact measures for the proposed project.
- Clarity and soundness of the intent and plans to assess and document progress towards achieving objectives, planned activities, and intended outcomes.
- Potential for the proposed project to impact the health status of the target population(s).
- Soundness of the plan for disseminating project outcomes.
- Appropriateness of the logic model.

C. Factor 3: Background and Experience (15%)

- Demonstrated experience with addressing health problems for the targeted populations at the state and/or local levels, as applicable.

- Significance and prevalence of identified health problem(s) or health disparities issues(s) in the state/territory.
- Extent to which applicant demonstrates access to the target population/community, and whether it is well positioned and accepted within the population/community to be served, as applicable.
- Extent and documented outcome of past efforts and activities with the target population, as applicable.
- The applicant organizational structure and proposed organizational structure.

D Factor 4: Objectives (20%)

- Merit of the objectives for each of the required program components.
- Relevance to the OMH Program purpose and expectations, and the stated problems to be addressed by the proposed project.
- Degree to which the objectives are stated in measurable terms.
- Attainability of the objectives in the stated time frames.

## 2. Review and Selection Process

Accepted State Partnership Program applications will be reviewed for technical merit in accordance with Public Health Service (PHS) policies. Applications will be evaluated by an Objective Review Committee (ORC). Committee members will be chosen for their expertise in minority health and health disparities, and their understanding of the unique health problems and related issues confronted by the racial and ethnic minority populations residing in targeted rural areas. Funding decisions will be determined by



the Deputy Assistant Secretary for Minority Health who will take under consideration the recommendations and ratings of the ORC.

3. Anticipated Award Date

September 1, 2010.

**VI. Award Administration Information**

1. Award Notice

The applicant will receive a notification letter from the Deputy Assistant Secretary for Minority Health and a Notice of Grant Award (NGA), signed by the OPHS Grants Management Officer. The NGA shall be the only binding, authorizing document between the recipient and the Office of Minority Health.

2. Administrative and National Policy Requirements

In accepting this award, the grantee stipulates that the award and any activities thereunder are subject to all provisions of 45 CFR parts 74 and 92, currently in effect or implemented during the period of the grant.

The DHHS Appropriations Act requires that, when issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs funded in whole or in part with federal money, all grantees shall clearly state the percentage and dollar amount of the total costs of the program or project which will be financed with federal money and the percentage and dollar amount of the total costs

of the project or program that will be financed by non-governmental sources.

### 3. Reporting Requirements

A successful applicant under this notice will submit: (1) quarterly progress reports; (2) an annual Financial Status Report; and (3) a final progress report and Financial Status Report in the format established by the OMH, in accordance with provisions of the general regulations which apply under “Monitoring and Reporting Program Performance”, 45 CFR Part 74.51-74.52, with the excepting of State and local governments to which 45 CFR part 92, Subpart C reporting requirements apply.

Performance Data System: The Performance Data System (PDS) is a web-based system used by OMH grantees to electronically report progress data to OMH. It allows OMH to more clearly and systematically link grant activities to OMH-wide goals and objectives, and document programming impacts and results. All OMH grantees are required to report program information via the PDS. Training will be provided on the use of the PDS system.

The grantee will be informed of the progress report due dates and means of submission. Instructions and report format will be provided prior to the required due date. The Annual Financial Status Report is due no later than 90 days after the close of each budget period. The final progress report and Financial Status Report are due 90 days after the end of the project period. Instructions and due dates will provided prior to required submission.

## **VII. Agency Contacts**

For application kits, submission of applications, and information on budget and business aspects of the application, please contact: Office of Grants Management, Office of Public Health and Science (OPHS), Department of Health and Human Services, Tower Building, 1101 Wootton Parkway, Suite 550, Rockville, Maryland 20852, or by phone at 240-453-8822.

### **Where to Obtain Additional Information**

For questions related to the State Partnership Program or assistance in preparing a grant proposal, contact Ms. Sonsiere Cobb-Souza, Director, Division of Program Operations, Office of Minority Health, or Ms. Jacquelyn Williams, Project Officer, Division of Program Operations, Office of Minority Health, Tower Building, Suite 600, 1101 Wootton Parkway, Rockville, MD 20852. Ms. Williams and Ms. Cobb-Souza can be reached by telephone at (240) 453-8444; or by e-mail at [sonsiere.cobb-souza@hhs.gov](mailto:sonsiere.cobb-souza@hhs.gov) or [jacquelyn.williams@hhs.gov](mailto:jacquelyn.williams@hhs.gov).

For additional technical assistance, contact the OMH Regional Minority Health Consultant for your region listed in your grant application kit. For health information, call the OMH Resource Center (OMHRC) at 1-800-444-6472.

## **VIII. Other Information:**

1. Healthy People 2010

The PHS is committed to achieving the health promotion and disease prevention objectives of Healthy People 2010, a PHS-led national activity announced in January 2000 to eliminate health disparities and improve years and quality of life. More information may be found on the Healthy People 2010 web site:

<http://www.healthypeople.gov/> and copies of the documents may be downloaded.

Copies of the Healthy People 2010: Volumes I and II can be purchased by calling (202) 512-1800 (cost \$70.00 for a printed version; \$20.00 for CD-ROM). Another reference is the Healthy People 2010 Final Review-2001.

For one free copy of the Healthy People 2010, contact: The National Center for Health Statistics, Division of Data Services, 3311 Toledo Road, Hyattsville, MD 20782, or by telephone at (301) 458-4636. Ask for HHS Publication No. (PHS) 99-1256. This document may also be downloaded from: <http://www.healthypeople.gov>.

## 2. Definitions

For purposes of this announcement, the following definitions apply:

***Community-Based Organization-*** Private, non-profit organizations and public organizations (local or tribal governments) that are representative of communities or significant segments of communities where the control and decision-making powers are located at the community level.

***Community-Based Minority Serving Organization*** - A community based organization that has demonstrated expertise and experience in serving racial/ethnic minority populations (see definition of Minority Populations below).

***Minority Populations*** - American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, and Native Hawaiian or Other Pacific Islander. (42 U.S.C. § 300u-6, section 1707 of the Public Health Service Act, as amended).

***Multicultural Partnerships*** - Multicultural, multi-racial, and multi-ethnic entities comprising organizations and individuals that have come together for a common purpose and that function independently on behalf of the partnership's members to address health disparities within communities of color.

***State and Territorial Office of Minority Health*** - An entity formally established by Executive Order, statute, or a state health officer to improve the health of racial and ethnic populations.

***Systems Change*** - An effort to ensure that the resources and infrastructure necessary are available and accessible to address minority health and health disparities as well as the public health and health care needs of the American population in general. Structural and functional components of the system must also be present—components such as information, data, and evaluation capabilities; trained, motivated, and culturally/linguistically appropriate staff; and facilities, equipment, and technologies appropriate for the needs of public health/health care professionals and the people they serve.

Dated:

Garth N. Graham, M.D., M.P.H.

Deputy Assistant Secretary for Minority Health

## ATTACHMENT A

### OFFICE OF MINORITY HEALTH State Partnerships to Improve Minority Health

#### PROJECT PROFILE

1. **APPLICANT ORGANIZATION:**
2. **PROJECT DIRECTOR:**
3. **ADDRESS:**
4. **PHONE:**                      **FAX:**                      **E-Mail/Internet:**
5. **PROJECT TITLE:**

#### SECTION I

##### Type of Organization

- |   |         |                 |
|---|---------|-----------------|
| a. Public   | Y__ N__ | (Specify _____) |
| b. Applicant organization will serve as the lead agency for the grant.                        | Y__ N__ | (Page_____)     |
| c. Applicant organization will be responsible for implementation and management of the grant. | Y__ N__ | (Page_____)     |
| d. Applicant organization will have fiscal control of the grant.                              | Y__ N__ | (Page_____)     |
| e. Applicant organization is a current OMH grantee.   | Y__ N__ | (Page_____)     |

## SECTION II

**1. Health Issue Addressed (check up to 3 boxes)**

☐ Access to Health Care

☐ Asthma

☐ Cancer

☐ Cardiovascular Disease and Stroke

☐ Child and/or Adult Immunizations

☐ Diabetes

☐ HIV/AIDS

☐ Infant Mortality

☐ Mental Health

☐ Obesity and Overweight

☐ Other \_\_\_\_\_

**2. Identify Priority Areas to be Addressed in the Grant:**\_\_\_\_\_.

**3. Type of Geographic Area to be Served (Check all that apply):**

☐ Urban (at least 100,000 pop.) ☐ Rural (at least 60,000 pop.) ☐ Other: such as frontier:\_\_\_\_\_.

**4. Will there be initiatives to address standardization of race and ethnicity data?** Y\_\_N\_\_Page\_\_\_\_\_

**5. Will there be initiatives to address data on health disparities?** Y\_\_ N\_\_Page\_\_\_\_\_

**6. Will there be initiatives to address cultural competency issues?** Y\_\_ N\_\_Page\_\_\_\_\_

**7. Do any of the proposed activities address the National Partnership for Action?** Y\_\_N\_\_ Page\_\_\_\_\_



## SECTION III

## State Partnerships to Improve Minority Health

Check all that apply for the proposed project. Projected numbers are to be inserted in the corresponding columns provided.	Projected Number of individuals to Receive Services, by year.			Projected Number of Service Providers to be trained by year.( If applicable)		
	YR 01	YR 02	YR 03	YR 01	YR 02	YR 03
<u><b>Race</b></u> Black/African American  Asian  American Indian/Alaska Native American  Hispanic/Latino  White  Other (specify): _____ Identify Subpopulation(s):						
<u><b>Gender</b></u>  Male  Female						
<u><b>Age Range</b></u>  Under 1 year  1 to 12  13 to 19  20 to 24  25 to 44  45 to 64  65 and over						

**OFFICE OF MINORITY HEALTH**

## State Partnership Program to Improve Minority Health

## KEY PROJECT PERSONNEL

NAME AND POSITION TITLE	Annual Salary	No. Months Budget	% Time on Project	Federal Salary	Total Amount Requested	CV or Resume Submitted
Lead Organization Staff:						
Partner Organizations Staff and Organization (if applicable):						
Consultants by Name/Org:						

\*No annual salary information is included on 100 percent inkind staff. \*\* Only Federal salary (not annual salary costs) are included for partner organizations and consultants. However, all other columns must be completed.

(Submission of Progress Reports are applicable only to funded OMH grantees)

## OFFICE OF MINORITY HEALTH

### State Partnerships to Improve Minority Health

### Progress Report Outline

1. **APPLICANT ORGANIZATION:**
2. **PROJECT DIRECTOR:**
3. **ADDRESS:**
4. **PHONE:**                      **FAX:**                      **E-Mail/Internet:**
5. **PROJECT TITLE:**

These Progress Report Guidelines have been prepared to assist the State Partnership Grant Program to Improve Minority Health grantees who are required to submit a Progress Report with the competitive application. This report covers the period September 1, 2009 to March 31, 2010. The page limit is 15 pages, single spaced on 8 1/2 x 11 paper.

1. **Project Activities:** Summarize, the progress of project activities in relation to each of the project's originally stated objectives and the work plan. Provide information on the activities that have taken place such as: developing infrastructure or operating procedures; developing statewide health disparities strategic plans; establishing multicultural coalitions within communities of color; improving cultural/linguistic competence among health care providers; addressing workforce diversity; capacity building; improving systems to collect, code and report race/ethnic data; and dissemination of information/materials (e.g., brochures/flyers, data) and methods of distribution (e.g., health fairs, conferences, website).
2. **Partnerships:** In this section, identify the partner and describe the role of each project partner for this reporting period. Project partners may be either internal (within the state health/human services department and local health departments), or external (organizations outside the health department), or both. Discuss the activities carried out relative to the implementation of the project. Relate any issues (e.g., change in partner organizations, change in roles) that may have arisen during the reporting period and their resolutions.
4. **Issues:** Discuss any current or anticipated problems and include strategies for resolution. Describe and justify any planned program change(s), if applicable, and include process and procedures for implementing the proposed change(s).
5. **Evaluation:** Discuss evaluation activities or efforts to measure the effectiveness and findings to date.

Discuss project outcomes relative to the following anticipated project results, where applicable:

- *Establishing policy(ies)* to impact laws, regulations, or administrative rules pertaining to improving minority health care at the state, county, or local levels.
- *Mobilizing communities, coalitions, and networks* by forming community groups, coalitions, or local or regional networks to promote improvements in minority health.
- *Enhancing infrastructure* to improve the capacity for addressing minority health at the state, county, and/or local levels.
- *Changing systems* to create a more cohesive approach to identifying and/or addressing minority health issues at the state, county, and/or local levels.
- *Increasing access to health care for minority populations* through such means as increasing access to insurance coverage, decreasing geographic barriers to obtaining care, and lowering cultural and linguistic barriers to care.
- *Increasing knowledge and awareness* to effect change in target group's attitudes regarding health care issues in minority populations through promotional and educational programs.
- *Increasing participation of minorities in the health professions* to facilitate closing the health disparities gap through a diverse health care workforce, including improving cultural and linguistic competence among health care professionals.

6. **Other:** Describe any other programmatic information, sample materials, questions, or recommendations developed under the grant during the reporting period.